

The Arts Commission staff uses this document to check in your application. If items 1-18 are marked with an “N,” you MUST come into the IAC office and make the corrections or your application will not be processed.

**FY2005 Individual Artist
Internal Application Processing Form**

- | | |
|-----|---|
| Y N | 1. Application received by 4:30 EST on February 2,2004 |
| Y N | 2. Application is typed and not hand-written |
| Y N | 3. Original signature signed by artist |
| Y N | 4. Correct number of copies received (1 original + 9) (design / visual-arts 1+11) |
| Y N | 5. Project dates are appropriate (7/1/04 thru 6/30/05) |
| Y N | 6. Proposed Budget Summary is correct (page four) |
| Y N | 7. IAC Request is not more than \$1,000 |
| Y N | 8. Artistic Documentation submitted & labeled according to instructions |
| Y N | 9. The correct number of slides, photos, literary pages etc. was submitted |
| Y N | 10. The Artistic Documentation was produced after 2/1/2001 |
| Y N | 11. Applicant is 18 years of age as of 2/1/04 |
| Y N | 12. Applicant is NOT currently enrolled in a degreed program |
| Y N | 13. Applicant certifies that he/she have been a legal resident of Indiana since
2/1/03 and plans to remain a resident of Indiana until 6/30/05 |
| Y N | 14. Applicant did not receive a FY2004 IAP grant (July 1, 2003 to June 30, 2004) |
| Y N | 15. Applicant is not part of a collaboration for which another artist is applying at
this deadline |
| Y N | 16. Appropriate copies of Artist Career Summary/Resume (with dates) have been
submitted and are limited to two pages (one page front and back or two single pages). |
| Y N | 17. Appropriate copies of slide/photograph list or artistic documentation submitted |
| Y N | 18. Correct legislative information submitted (page one) |
| Y N | 19. One copy of self addressed IAC postcard with correct postage submitted |
| Y N | 20. Self-addressed envelope for return of artistic documentation with
correct postage included in packet |

APPLICATION ACKNOWLEDGMENT CARD

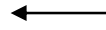
Indiana Arts Commission Individual Artist Project Grant Application for FY2005

In all future inquiries, refer to your application number, which is:

Application Number - IAC Use Only

Date

CUT ALONG DOTTED LINE



In order to receive notification of the receipt of your application, please address the reverse side of this card to yourself. Apply a stamp and include this card as the first item of your application packet. Applicants who do not include this card will not be contacted about the receipt of applications. Please do not call the IAC office about the status of your application.



INDIANA ARTS COMMISSION

Connecting people to the arts

150 W. Market Street, Suite 618
Indianapolis, IN 46204-2812
317/232-1268
arts@state.in.us
www.in.gov/arts

Deadline: 4:30 P.M., EST, - MONDAY, FEBRUARY 2, 2004

PLEASE TYPE OR COMPUTER-GENERATE. Handwritten applications will not be accepted. Provide all information and answer every question.

Applicant Name:

Mailing Address:

City:

State: IN

ZIP+4:

County:

Day Phone:

Evening Phone:

Fax:

E-mail/Website address:

Legislative Districts: Based on your street address, enter one legislative district number for each of the government branches listed below. The Indiana Arts Commission is the recipient of funds from the State and Federal government and will use the information below to notify your legislators of the results of all IAC funding decisions. If you do not know your correct district numbers go to <http://www.in.gov/apps/sos/legislator/search/> **Do not leave this question blank.**

Indiana House # _____ Indiana Senate # _____ U.S. Congress # _____

- Applicant's Artistic Discipline (check one)

☐ Craft

☐ Folk Arts

☐ Multi-Arts

☐ Theater

☐ Dance

☐ Literature

☐ Music

☐ Visual Arts

☐ Design Arts

☐ Media Arts

☐ Photography

- ☐ I am at least 18 years of age at the time of this application. My date of birth is: ____/____/____.
- ☐ I have been a legal resident of the state of Indiana since: ____/____/____.
- ☐ If an award is granted, I intend to remain a legal resident of the state of Indiana until **6/30/05**.
- ☐ I am not currently enrolled in any degree-granting program.
- ☐ I did not receive a **FY2004** Individual Artist grant (**July 1, 2003 to June 30, 2004**).
- ☐ I am not applying as part of a collaboration for which another artist is applying for IAC support at this deadline.
- ☐ Submitted artistic documentation has been produced/created since **February 1, 2001**.
- Check the characteristics that best describe you. This information is collected for statistical analysis and reporting only. You may select any combination of the below that apply.

<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Over age 65	<input type="checkbox"/> Physical Disability	
<input type="checkbox"/> Mental/Emotional Disability	<input type="checkbox"/> Sensory Impairments	

The undersigned certifies that s/he (1) has read the guidelines incorporated herein by reference, and (2) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person the basis of race, color, national origin, gender, age, religion, or physical or mental disability.

Signature

Date Signed

Applicant Name: _____

- **Project Description.** Write a brief statement describing your intended proposal. DO NOT continue on additional pages. Answer all six questions (A-F). Be as concise, clear, and brief as possible in your responses. Panelists read many applications. Long rambling narratives are difficult to understand and remember. Panelists are more likely to retain information that summarizes key elements, is clearly presented, and to the point.

A. Describe your project:

B. How do you plan to accomplish the described project, and why does it merit funding?

C. How will this project make a difference in your career development?

Applicant Name: _____

D. Describe the public benefits of this project; this may include a variety of activities that would include contact with the public. What county/ies and/or community/ies will benefit from the project?

E. What are the anticipated outcomes including your overall goals and objectives? How will you evaluate the success of this project?

F. Project Timeline (your timeline must include detailed information, in addition to a starting and ending date):

Starting Date: _____ Ending Date: _____

Detailed timeline:

Applicant Name: _____

PROPOSED BUDGET

ESTIMATED CASH EXPENSES

Please provide a line-item budget for your estimated cash expenses. If an expense item listed below is not applicable to your project, leave the line blank; round figures off to the nearest dollar-do not include cents.

Personnel-specify:	\$
Personnel-specify:	
Personnel-specify:	
Facility Rental	
Travel/Transportation	
Marketing/Publicity/Promotion	
Other-specify:	
Other-specify:	
Other-specify:	
TOTAL Cash Expenses	\$

PROPOSED CASH INCOME

Report direct cash support such as artist's contribution, cash donations made directly to the project by individuals, sustaining memberships, net proceeds from special fundraising events, etc. Include income from corporate foundations, United Arts and United Way organizations in this section. Also include the amount of funding requested from the Indiana Arts Commission on the line indicated. Total Cash Income should equal the Total Cash Expenses from above.

Artist's cash	\$
Donations	
Other Grants-specify:	
Other-specify:	
Other-specify:	
IAC Request Amount	\$
TOTAL Cash Income	\$

IN-KIND DONATIONS

Include in this section the value of all donated materials and services applicable to the completion of your project. Please contact the IAC for more information on in-kind donations.

Non-cash Donation-specify:	\$
Non-cash Donation-specify:	
Non-cash Donation-specify:	
Non-cash Donation-specify:	
TOTAL In-Kind Donations	\$